

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022034

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED MAY 17 1963

Primary Registration District No.

1003

Registrar's No.

4947

STATE FILE NUMBER

VS 300
Rev. 4/59

1

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13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

4933 Columbia Ave.

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

4933 Columbia Ave.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

EUGENE

Middle

J.

Last

O'ROURKE SR.

4. DATE
OF
DEATH

Month

May

Day

6

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-3-1901

9. AGE (last birthday)

61

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Police Officer-City of St. Louis

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis, Mo.

11. BIRTHPLACE (City and state or country)

U.S.A.

13a. FATHER'S NAME

George O'Rourke

13b. MOTHER'S MAIDEN NAME

Anna Lansing

14. NAME OF HUSBAND OR WIFE

Mary Ellen O'Rourke

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

World War 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Eugene J. O'Rourke Jr. 4933 Columbia Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Adenocarcinoma to Livers

INTERVAL BETWEEN ONSET AND DEATH

2 mos

Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last.

DUE TO (b)

Adenocarcinoma of naso-pharynx

2 yrs

DUE TO (c)

146X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

October 1962

to

present

and last saw him alive on

May 2, 1963

Death occurred at

7:45 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard L. Stetzel MD

22b. ADDRESS

634 N. Grand

22c. DATE SIGNED

5-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

May 9, 1963

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

MAY 7 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

Dr. Richard Sterkel Je. 5-2332
634 N. Grand 10-12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

4533

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.